

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001630

Entity Name: MINNIX, LTD.

Current Principal Place of Business:

7485 S.W. 122ND STREET
MIAMI, FL 33156

Current Mailing Address:

PO BOX 127
OCOEE, TN 37361

FEI Number: 65-0536971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRISONINO, RICHARD AESQ
2534 SW 6 STREET
MIAMI, FL 33135 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

General Partner Detail :

Document #

Name MINNIX NURSERY, INC.

Address 7485 S.W. 122ND STREET

City-State-Zip: MIAMI FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM H. MINNIX

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01/23/2017

Electronic Signature of Signing General Partner Detail

Date